Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

	For the 2	2005 calendar year, or tax year beginning JAN 1, 2005 and ending JUN 30, 2	005	
_				
В	Check if applicable	[   lease ]	ployer	identification number
_	∵ ``∏Addres	use IRS label or last and a second se		
느	change	print or ANSWERS IN GENESIS OF KENTUCKY, INC.		596423
L	Name change	type   Number and street (or P.O. box if mail is not delivered to street address)   Room/suite   E Tel-	ephone	e number
L	linitial return	Specific 2800 BULLITTSBURG CHURCH ROAD 8	59-	727-2222
	Final	Instruc- tions City or town, state or country, and ZIP + 4	ounting m	
	Amende	PETERSBURG, KY 41080	Other (specify	(a) <b>&gt;</b>
	Applica		to se	ction 527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ).  H(a) Is this a group return to		– Č –
G	Website	► WWW.ANSWERSINGENESIS.ORG H(b) If "Yes," enter number		
		tion type (check only one) X 501(c) ( 3 ) (insert no ) 4947(a)(1) or 527 H(c) Are all affiliates include		N/A Yes No
	Check he	If the expansion of the expansion of the control of		•
		H(d) Is this a separate returnion need not file a return with the IRS; but if the organization chooses to file a return, be	n filed	by an or- p ruling? Yes X No
	_			
_		T droug Externation Were		
	Cross ro			ation is <b>not</b> required to attach
		Revenue, Expenses, and Changes in Net Assets or Fund Balances	/-CZ, UI	330-71).
P	T			1
	1	Contributions, gifts, grants, and similar annulas reserved.		
	a	1a 3,978,239.		
	b	Indirect public support 16		
	C	Government contributions (gradts) APR 1 0 2005	ļ	
	d	Total (add lines 1a through 1c) (eash \$ 1 \ 3 , 896 , 91 1 \ noncash \$ 81 , 328 \ )	1d	3,978,239.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	_2	270,350.
	3	Membership dues and assessments UGDLIR, UT	3	
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	3,157.
	6 a	Gross rents 6a		
	b	Less: rental expenses 6b		
	C	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	7	Other investment income (describe NOYALTIES)	7	39,119.
Revenue	l .	Gross amount from sales of assets other (A) Securities (B) Other	'	33,113.
ě	""	than inventory 33, 260 · Ba 4, 521 ·		
æ	١.	Less: cost or other basis and sales expenses 32,100.8b 4,859.		
	1	Gain or (loss) (attach schedule)  1,160.8c  <338.	L	
	į.	, , ,	[	822.
	, "		8d	022.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	a	Gross revenue (not including \$ of contributions		
	ļ.	reported on line 1a) 9a		
	1	Less: direct expenses other than fundraising expenses		
	I	Net income or (loss) from special events (subtract line 9b from line 9a)	9с	
		Gross sales of inventory, less returns and allowances 10a 2,402,135.		
		Less: cost of goods sold STATEMENT 4 10b 1,277,697.		4 404 400
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)  STMT 3	10c	1,124,438.
	11	Other revenue (from Part VII, line 103)	11	13,798.
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,429,923.
Ø	13	Program services (from line 44, column (B))	13	3,830,002.
Expenses	14	Management and general (from line 44, column (C))	14	688,537.
per	15	Fundraising (from line 44, column (D))	15	519,686.
х	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	_ 17	5,038,225.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	391,698.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,282,149.
ZSA	20	Other changes in net assets or fund balances (attach explanation)	20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	11,673,847.
5230 02-0	01 3-06 l	.HA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2005)

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	nounts reported on line 0b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocat	tions (attach schedule)					
(cash \$	0 • noncash \$ 0				ļ	
If this amount includes f	oreign grants, check here 🕨 🗌	22			1	
23 Specific assistance	e to individuals (attach				1	
schedule)		23				
24 Benefits paid to or				İ	ŀ	
schedule)		24				
	officers, directors, etc	25	369,068.	253,784.	45,500.	69,784
6 Other salaries and	wages	26	1,918,300.	1,633,139.	197,858.	87,303
7 Pension plan cont	ributions	27	28,349.	23,386.	3,016.	1,947
8 Other employee b	enefits	28	242,617.	200,142.	25,813.	16,662
9 Payroll taxes		29	168,876.	139,311.	17,967.	11,598
0 Professional fundr		30				
1 Accounting fees		31				
2 Legal fees		32				
3 Supplies		33	153,140.	116,422.	27,451.	9,267
A 7 1		34				
5 Postage and shipp	·	35	272,205.	161,637.	30,991.	79,577
6 Occupancy		36	90,108.	53,594.	20,624.	15,890
• •	and maintenance	37	104,436.	85,777.	16,773.	1,886
	cations	38	232,741.	165,415.	68.	67,258
9 Travel		39	254,754.	162,828.	64,832.	27,094
	ventions, and meetings	40	100,808.	86,385.		14,423
1 Interest		41	38,904.	38,904.		
2 Depreciation, depl	etion, etc. (attach schedule)	42	323,990.	274,824.	32,777.	16,389
•	ot covered above (itemize)					
a PROFESSIO	NAL FEES	43a	376,045.	173,659.	128,882.	73,504
b COMMUNICA		43b	103,887.	61,866.	40,201.	1,820
c MISSIONAR	Y SUPPORT	43c	38,103.	29,302.	4,448.	4,353
d RADIO		43d	8,417.	8,417.		
e INSURANCE		43e	26,990.	-	26,990.	
f BAD DEBTS		431	672.		672.	
g MISCELLAN		43g	185,815.	161,210.	3,674.	20,931
	xpenses. Add lines 22					
	nizations completing					
	arry these totals to lines					
13-15)		44	5,038,225.	3,830,002.	688,537.	519,686

loint Costs. Check 🕨 📖 if you are following SOP 9	98-2.			
tre any joint costs from a combined educational campaign and	fundraising solic	itation reported in (B) Program services?	►  Yes [	X No
f "Yes," enter (i) the aggregate amount of these joint costs \$	N/A	; (ii) the amount allocated to Program services \$_	N/A	;
the amount allocated to Management and general \$	NT / A	and (iv) the amount allocated to Fundraiging \$	M/A	

Form **990** (2005)

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wł	nat is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 5	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	RESOURCE DISTRIBUTION - BOOKS, VIDEOS, CDS, DVDS AND OTHER MATERIAL SPECIFIC TO THE MINISITRY PURPOSE ARE MADE AVAILABLE THROUGH THE INTERNET AND A BOOKSTORE IN NORTHERN KENTUCKY AREA. OVER 26,000 ORDERS SHIPPED DURING THE SHORT PERIOD.	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐  MINISTRY OUTREACH - MONTHLY ISSUES OF A NEWSLETTER CONTAINING UP-TO-DATE INFORMATION REGARDING MINISTRY ACTIVITIES.  DISTRIBUTED TO 75,000 HOMES.	964,320.
c	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ MINISTRY OUTREACH - THE ANSWERS IN GENESIS WEBSITE IS USED TO PROVIDE CREATION RESOURCES TO THE GENERAL PUBLIC. OVER 7.5 MILLION VISITS WERE MADE TO THE WEBSITE WITH 21.7 MILLION PAGES VIEWED.	191,607.
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □  MINISTRY OUTREACH MISSIONS - THE ORGANIZATION SUPPORTED  MISSION RELATED ACTIVITIES ON THE HOME AND FOREIGN  FIELDS BY PROVIDING FUNDS, RESOURCE MATERIALS AND SPEAKERS.	208,524.
e	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) SEE STATEMENT 6 (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	29,403. 2,436,148. 3,830,002.
<u>-</u>	Total of Program Service Expenses (Should equal line 44, column (b), Program services)	Form <b>990</b> (2005)

Part IV | Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) (B) should be for end-of-year amounts only Beginning of year End of year 2,502,777 45 1,664,682. 45 Cash - non-interest-bearing . . . . 10,104. 2,602. 46 Savings and temporary cash investments 46 113,486. Accounts receivable 47 a 5,000 92,947. 108,486. Less allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable 50 Receivables from officers, directors, trustees, and key employees . 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b ,165,982 Inventories for sale or use 52 52 11,644. 64,643. 53 Prepaid expenses and deferred charges 53 Investments - securities Cost FMV 54 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c 56 56 Investments - other 15,708,412 57 a Land, buildings, and equipment basis 57a 1,396,464. 13,319,821 14,311,948. b Less accumulated depreciation 57b 57c 265,484. 281,255. 58 Other assets (describe SEE STATEMENT 7 58 17,368,759 17,656,767. 59 59 Total assets (must equal line 74). Add lines 45 through 58 965,618. 1,023,668. 60 Accounts payable and accrued expenses 60 61 61 Grants payable 1,592,054 2,575,812. 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 63 64 a Tax-exempt bond liabilities 64a 3,528,938 STMT 8 STMT. 9 2,383,440. b Mortgages and other notes payable 64b 65 Other liabilities (describe 65 5,982,920. 6,086,610 Total liabilities. Add lines 60 through 65) 66 Organizations that follow SFAS 117, check here \( \subseteq \subse 67 through 69 and lines 73 and 74 Net Assets or Fund Balances 11,193,281 545,050. 67 Unrestricted ... 88,868. 128,797. 68 68 Temporarily restricted Permanently restricted 69 Organizations that do not follow SFAS 117, check here > complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 11,673,847. 11,282,149 column (A) must equal line 19; column (B) must equal line 21) 73 17,656,767. Total liabilities and net assets/fund balances. Add lines 66 and 73 17.368.759.

	n 990 (2005) ANSWERS IN GENESIS OF	' KENTUCKY, I	NC.			<u> 6423                                     </u>	Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Final Instructions.)	ncial Statements V	Vith Revenue p	er Re	turn	(See the	·
	Total revenue, gains, and other support per audited financial stateme	nto			a 5	5,436	007
d h	Amounts included on line a but not on Part I, line 12.	ins			a	J, 430	,00,
1	Net unrealized gains on investments	ı	b1				
2	Donated services and use of facilities			84.			
3	Recoveries of prior year grants		b3	, 0 1 1			
A	Other (specify):		b4				
7	Add lines b1 through b4			-	ь	6	,084.
c	Cultivant line is from line a			•	c 5	5,429	
ų	Amounts included on Part I, line 12, but not on line a:		•	•	<u> </u>	<del>5 / 225</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Investment expenses not included on Part I, line 6b	{	d1				
2	Other (specify):		d2				
-	Add lines <b>d1</b> and <b>d2</b>	(			d l		0.
A	(D. 11) 40) 4111	•			e F	5,429	
Pa	rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements	With Expenses	per F	Retur	n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u></u>	Total expenses and losses per audited financial statements					5,044	.309.
h	Amounts included on line a but not on Part I, line 17:	• • • • • • •			<u> </u>	,,,,,,	, , , , ,
1	Donated services and use of facilities		6.0	84.			
,	Prior year adjustments reported on Part I, line 20	• • •	b2	<u> </u>	- 1		
3	Losses reported on Part I, line 20	t t	b3				
4	Other (specify):	` }	b4		}		
7	Add lines b1 through b4		ודע	-	ь	6	,084.
C	Subtract line b from line a					5,038	
d	Amounts included on Part I, line 17, but not on line a:	** -		Ì	<u> </u>	7,030	, 225
1	Investment expenses not included on Part I, line 6b	1	d1				
2	Other (specify):		d2				
-	Add lines d1 and d2	<u> </u>	<u></u>		d		0.
e	Total expenses (Part I, line 17). Add lines c and d	•	•	•		5,038	
	rt V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	ach person who wa	s an of			
	or key employee at any time during the year even if they we						
	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation	(D) Con	tributions	s to (E) i	Expense ount and
	(A) Hamo and address	position	(If not paid, enter -0)		& deferre sation pla		flowances
SE:	E STATEMENT 10		369,068.	33	, 839	53	,094.
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-	m 990 (20 art V-A			IN GENESIS OF			33-0596	423	Yes	age 6 No
75	a Enter th	e total number of o	fficers, director	s, and trustees permitted	to vote on organization bu	isiness at board				
	meeting	ys				▶	8			
	h Are any	officers, directors,	trustees, or key	y employees listed in Form	990, Part V-A, or highest	compensated emp	lovees			
				npensated professional an						
				ugh family or business rela	•					
	the indi	viduals and explains	s the relationsh	ıp(s)		SEE STATEM	ENT 11	75b	X	<u> </u>
(		· ·		employees listed in Form						İ
				npensated professional an				į		ĺ
				n any other organizations, i or common control?	whether tax exempt or tax	xable, that are rela	lea to this	750		v
	•	_	·	on 509(a)(3) supporting org			}	75c		X
		=		fividuals, explains the relation	=	n and the other organ	hoe (e)notical			
	describe	s the compensation ar	rangements, incl	uding amounts paid to each i	ndividual by each related orga	inization.	nzanon(s), and			
				lict of interest policy?			1	75d	x	
	art V-B			rs, Trustees, and Ke	y Employees That F	Received Com	pensation o			
		Benefits (If any	former officer,	director, trustee, or key er	nployee received compen	sation or other ber	efits (described	l belo	w) dur	
		the year, list that p	erson below a	nd enter the amount of co	mpensation or other bene	fits in the appropri				
		(A) Na	me and address		(B) Loans and Advances	(C) Compensation	(D) Contributions t employee benefit		E) Expe	
		(71) 7141		NONE	(D) Esamo ama Havamos	(b) companion	plans & deferred compensation plan			
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Г <u>Б</u> .	art VI (	Other Informati	<b>OB</b> (Co. Above		<del> </del>	L	L	┸╌	Yes	No
			<del></del>	<del></del>	the IDC2 If #Ve= # -44	a datalad	1		162	No
76			ni any activity	not previously reported to	o me mozit i res," attach	a detalled	1	7.	1	Y
77		ion of each activity	the organizing	or governing documents to	nut not reported to the IDS	\$2	}	76 77		<u>X</u>
• •		attach a conformed			or nor reported to the Inc	, .	. }	· <u>'</u>		
78 a				nanges. ess gross income of \$1,00	0 or more during the year	covered by this ret	urn?	78a	1	X
b		has it filed a tax ret		-	Joining the Joan		F	78b		
79				ation, or substantial contr	action during the vear? If '	'Yes," attach a sta		79		X
				ssociation with a statewid						
_		-	-	officers, etc., to any other	-		1	80a		X
b		enter the name of t								
		<del></del>			and check whether it is	exempt or	nonexempt			
81 a	Enter di	rect or indirect politi	cal expenditure	es (See line 81 instruction	s) .	81a	0.	}	- 1	
b	Did the	organization file For	m 1120-POL fo	or this year? .				81b		<u>X</u>
5231	61/02-03-06							Form	<b>990</b> (	2005)

For	n 990 (2005) ANSWERS IN GENESIS OF KENTUCKY, INC. 33-059	6423		age 7
Pa	ort VI Other Information (continued)		Yes	No
82 8	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	X	L
t	If "Yes," you may indicate the value of these items here. Do not include this			1
	amount as revenue in Part I or as an expense in Part II.	- {		ĺ
	(See instructions in Part III.)			ĺ
83 a		83a	_X_	
t	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
t				
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  N/A	85a		
b	37/3	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			ı
ď	Section 162(e) lobbying and political expenditures	7 /		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	7 !	l l	
ť	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f  N/A	7 1		
0	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		
h				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		i	
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
00	line 12   86a   N/A		i 1	
ь	Gross receipts, included on line 12, for public use of club facilities	7		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders  87a N/A	-	ı İ	
o, b	Gross income from other sources. (Do not net amounts due or paid to other sources	┦ !	ı l	
J	against amounts due or received from them.)  87b  N/A		1 1	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	┦		
00	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	] ]		
	If "Yes," complete Part IX	88	ŀ	х
89 a		100		
05 a	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		, [	
Ĭ	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		.	
	If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	005 1		
·	acetions 4012, 4055, and 4059			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ►KY			
b b	Number of employees employed in the pay period that includes March 12, 2005			119
91 a	050.7	27-2		
	Located at ▶ 2800 BULLITTSBURG CHURCH ROAD, PETERSBURG, KY ZIP+4 ▶			
b				
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	91b		X
	If "Yes," enter the name of the foreign country N/A		$\neg \uparrow$	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		1	
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	- 1	X
•	If "Yes," enter the name of the foreign country   N/A			
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		▶□	_
-	and enter the amount of tax-exempt interest received or accrued during the tax year	N/2	Ā	_
			990 (2	2005)

Part V	II   Analysis of Income-I	Producing A			s.)				
Note: El	nter gross amounts unless othen d.	wise	Unrelat (A) Business	ted business income (B) Amount	(C) Exclu-	ded by sect	(D) Amount	(E) Related or e	
93 Pro	gram service revenue.		code	Amount	sion		Amount	function inc	
a SI	EMINARS								,317.
ь <u>С</u> І	<u>HARTER MEMBERSHI</u>	Ρ						148	,033.
c									
d									
е									
f Med	licare/Medicaid payments		_						
g Fee:	s and contracts from governmen	nt agencies .							
94 Mer	nbership dues and assessments								
95 Inter	est on savings and temporary cash i	nvestments							
96 Divid	dends and interest from securitie	es			14		3,157.		
97 Net	rental income or (loss) from real	estate:							
a deb	t-financed property								
<b>b</b> not	debt-financed property								
98 Net	rental income or (loss) from pers	onal property							
99 Oth	er investment income	[			15		39,119.	_	
100 Gair	or (loss) from sales of assets								
othe	r than inventory				18		822.	<u> </u>	
101 Net	income or (loss) from special eve	ents							
	ss profit or (loss) from sales of in	F .						1,124	,438.
	er revenue.	, [							
a O'I	HER	İ						13	,798.
b								·	
c									
d		1							
е									
104 Sub	total (add columns (B), (D), and (	E))			0.		43,098.	1,408	,586.
	il (add line 104, columns (B), (D),	and (E))				_	<b>&gt;</b>	1,451	
Note: Lin	e 105 plus line 1d, Part I, should			2, Part I.					
Part V	III Relationship of Activ	ities to the	Accompl	ishment of Exe	empt Pur	poses	(See the instructi	ons.)	
Line No. ▼	Explain how each activity for whice exempt purposes (other than by p				buted import	antly to th	ne accomplishment	of the organization	's
	SEE STATEMENT	12							
		<del>- 11 - 1</del>						•	
						-			
Part IX	Information Regardin	ng Taxable S	ubsidiar	ies and Disrega	arded En	tities (	See the instructio	ns.)	
h.	(A) address, and EIN of corporation,	(B) Percentage of	1	(C)	1	<del></del>	(D)	(E)	
Name, a		Percentage of ownership interest		Nature of activities	İ	10	otal income	End-of-ye assets	ar
		9/	<del>                                     </del>						
	N/A	9/	6						
		%							
		9/	0						
Part X	Information Regarding	ng Transfers	Associa	ted with Perso	nal Bene	fit Co	ntracts (See the	instructions.)	
(a) Did	the organization, during the year, rec	ceive any funds, di	rectly or indir	ectly, to pay premium	is on a perso	nal benefi	it contract?	Yes	X No
(b) Did	the organization, during the year, pay	y premiums, direc	tly or indirect	ly, on a personal bene	fit contract?			Yes	X No
` '	"Yes" to (15), file Form 8870 and	• • •	•						
Please	Under penalties of perjury, I declare that correct and complete Declaration of pre	have exemined this	return, including	g accompanying schedule	s and statemen	its, and to t	the best of my knowled	ge and belief, it is true	
Sign	Jowes U. De	allo-	)	14-4-06	Jami	1	. Hatton.	CFO	
Here	Signature of officer		<u>-</u> -	Date	Type or pi	int name	and title.	-	
	Preparer's		11,		Date	Ch	neck if	Preparer's SSN or P	ΓIN
Paid	signature X saollo	, S ( ) h	essi	CPA	3-30-6	se en	nployed		
Preparer's	Firm's name (or BARNES	DENNIG	¿ co.	LTD	<b>'</b>		EIN ▶		
Use Only	self-employed), 2000 CA	REW TOWE	•	, <b>-</b>					
523163 02-03-06	address, and ZIP + 4 CINCINN			02			Phone no. ▶ (	513)241-	8313
<u> </u>	,			<del></del>		•	1		90 (2005)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization Employer identification number 33 0596423 ANSWERS IN GENESIS OF KENTUCKY, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours d) Contributions to employee benefit plans & deferred compensation (e) Expense (a) Name and address of each employee paid per week devoted to (c) Compensation account and other more than \$50,000 position allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation JOSEPH DAVID ADVERTISING ADVERTISING 149,601. MUNCIE, IN Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation RICOROCK, LLC 200,000. BELLE FOURCHE, SD CONSTRUCTION CULLER STUDIO, LLC KISSEE MILLS, MO MUSEUM EXHIBITS 114,300. ELECTROSONIC SYSTEMS, INC. THEATER SOUND SYSTEM 85,244. MINNETONKA, MN ADVANCED ANIMATIONS MUSEUM EXHIBITS 77,600. STOCKBRIDGE, VT ADIRONDACK SCENIC, INC. 67,500. ARGLE, NY MUSEUM EXHIBITS Total number of other contractors receiving over \$50,000 for other services

_	rt III	Statements About Activities (See page 2 of the instructions.)	<u> </u>	Yes	No
-	During th	ie year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence	Τ	-	<del>                                     </del>
	•	inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	İ		
		activities \( \) \	1	İ	
	-	Part VI-B.)	1		x
		tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			<del> </del>
		"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
	-	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,	1		]
1 I	rustees, person is	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"	1		
		detailed statement explaining the transactions.) hange, or leasing of property?	20		x
a ·	Jaic, CAU	lange, or leasing of property.	2a	<b></b>	A
ь	_ending (	of money or other extension of credit?	2b		X
c l	urnishin	g of goods, services, or facilities?	2c		X
đi	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 13	2d	X	<u> </u>
e	Fransfer	of any part of its income or assets?	2e	ļ	X
3 a l	Oo you m	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
)	ou deter	mine that recipients qualify to receive payments.)	3a		X
<b>b</b> {	o you h	ave a section 403(b) annuity plan for your employees?	3b		X
c I	During th	e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a l	Did you n	naintain any separate account for participating donors where donors have the right to provide advice			
(	on the us	e or distribution of funds?	4a		X
<b>b</b> [	)o you pi	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
			<del></del>		
	rganizati	on is not a private foundation because it is: (Please check only ONE applicable box.)			
5	님	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	닏	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city,			
		and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).			
		(Also complete the Support Schedule in Part IV-A.)			
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	$\mathbf{x}$	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri	ipeq iu:		
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that described the section 509(a)(2) above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).			
		the type of supporting organization: Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(Alberta) of a constant of a constant of a	(b) Lin		
	<del></del>	(a) Name(s) of supported organization(s)		m abo	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
52311 02-03-	1 06	Schedule A (Form s	990 or 9	90-EZ)	2005

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE Schedule A (Form 990 or 990-EZ) 2005 523121 02-03-08

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Has the organization's right to such aid ever been revoked or suspended?

Private School Questionnaire (See page 7 of the instructions.) N/A (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a 33b b Admissions policies? c Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e

Schedule A (Form 990 or 990-EZ) 2005

33f

33g

34a

34b

Use of facilities?

Athletic programs?

Other extracurricular activities?

### Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

	(To be completed ONLY b	y an eligible organization that filed Form 5768)			,	
Cho	eck 🕨 a 🔲 if the organization belon	gs to an affiliated group. Check ▶ b	lf	you ch	ecked "a" and "limited conti	of provisions apply.
		Lobbying Expenditures tures' means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
					N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add lines 3	6 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add	lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the	amount from the following table -				
	If the amount on line 40 is -	The lobbying nontaxable amount is -				
	Not over \$500,000	20% of the amount on line 40	٦	1		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	- 1			İ
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	•	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	ŀ	ļ		
	Over \$17,000,000	\$1,000,000	J			-
42	Gracernote nontavable amount (enter 25	(% of line #1)		1 42		

### 4-Year Averaging Period Under Section 501(h)

43

44

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	( <b>d)</b> 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

#### Part VI-B Lobbying Activity by Nonelecting Public Charities

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a Volunteers

- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Ye	s No	Amount
	X	
	X	}
	l X	
L	X X	
L	X	
	X	
	X	
$\perp$	Х	
		0.

Schedule A (Form 990 or 990-EZ) 2005

02-03-0

FORM 990 GAIN	(LOSS)	FROM PUBLICLY	TRADED SECURIT	IES	STATEMENT	1
DESCRIPTION		GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS	
VARIOUS SECURITIES		33,260.	32,100.	0 .	. 1,16	0.
TO FORM 990, PART I,	LINE 8	33,260.	32,100.	0.	1,16	0.

FORM 990 GA	AIN	(LOSS) FRO	M SALE	OF O	THER	ASSETS		STA	ATEMENT	2
DESCRIPTION				DA ACQU		DAT SOL	_	METH ACQUI		
OTHER ASSETS				VARI	ous	VARIO	US 1	PURCE	IASED	
NAME OF BUYER	S	GROSS SALES PRICE		T OR BASI		KPENSE F SALE	DEPR	EC	NET G	
		4,521.		4,859	•	0.		0.	<	338.>
O FM 990, PART I, LN	18	4,521.	· ···	4,859	•	0.		0.	<:	338.>

ORM 990	INCOME AND COST OF GOODS SO INCLUDED ON PART I, LINE 1	
INCOME		
1. GROSS RECEIPTS .		2,402,135
	DWANCES	2,402,135
	OLD (LINE 13)	1,277,697
COST OF GOODS SOLD		
7. MERCHANDISE PURC 8. COST OF LABOR . 9. MATERIALS AND SU .0. OTHER COSTS	CHASED	1,277,697
.2. INVENTORY AT END .3. COST OF GOODS SO	O OF YEAR	1,277,697

26

FORM 990		COST O	GOODS	SOLD - OT	HER COS	TS	STATEMENT	4
)ESCRIPTIO	ON						AMOUNT	
COST OF GO	OODS SOLD						1,277,6	97.
COTAL INCI	LUDED ON FORM	1 990, PAI	RT I, LI	NE 10B			1,277,6	97.
	STATEMENT	OF ORGANI	ZATTON'	C DDTMADV	FYFMDT	DIIRDOGE	STATEMENT	
OM JJU	SIAIEMENI	OF ORGANI	PART		EABME I	FORFOSE	SIAIEMENI	J

#### EXPLANATION

ANSWERS IN GENESIS OF KENTUCKY, INC. WAS ORGANIZED FOR THE PURPOSE OF PROVIDING SEMINARS, LECTURES AND DEBATES TO THE GENERAL PUBLIC, COLLEGES, INIVERSITIES AND CHURCHES ON THE TOPIC OF ORIGINS AND CREATIONISM.

ORM 990	OTHER PROGRAM SERVI	CES	STATEMENT	
ESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES	
RESOURCE DISTRIBUTION - TO DISTRIBUTES CREATION MAGAINES ANNUALLY AND DISTRIBUTION - TO DISTRIBUTION - TO DISTRIBUTION - TO DISTRIBUTION MAGAINES OUTRAL THREE TO DISTRIBUTION OF THE SEMINAR OUTREACH SEMINAR PEAKING  RIGAGEMENTS ARE DESIGNED	AZINE FOUR BUTES ITS TECHNICAL IMES SSUES WERE DISTRIBUTED. RS - SEMINARS AND OTHER		62,397	
'UBLIC/CHURCH ABOUT CIENTIFIC, MORAL AND SOC ITERAL INTERPRETATION OF F THE BIBLE. 227 SEMINA REATION MUSEUM - CURRENT OMPLETING A	RS WERE CONDUCTED.		1,337,317	
REATION MUSEUM IN THE GREINCINNATI/NORTHERN KENTURINARY AREAS TO BE COMPLED ISPLAYS AND EXHIBITS.  INISTRY OUTREACH RADIO - ROGRAM, INCLUDING  WIDE RANGE OF TOPICS RENTERPRETATION OF THE	CKY AREA.  LETED ARE THE VARIOUS  A 90 SECOND RADIO		939,012	
IBLE WAS BROADCAST DAILY UTLETS WORLDWIDE.	ON OVER 1,000 RADIO		97,422	
'OTAL TO FORM 990, PART I	II, LINE E		2,436,148	

FORM 990	OTHER ASSETS	STATEMENT 7
DESCRIPTION		AMOUNT
CHARITABLE GIFT ANNUITIES CONSTRUCTION IN PROCESS SOND ISSUANCE COSTS DEPOSITS SENEFICIAL INTEREST IN TRU	<b>UST</b>	19,238. 107,942. 51,715. 73,508. 28,852.
OTAL TO FORM 990, PART IV	, LINE 58, COLUMN B	281,255.
FORM 990	MORTGAGES PAYABLE	STATEMENT 8
ESCRIPTION		BALANCE DUE
FIFTH THIRD BANK		2,360,000.
OTAL INCLUDED ON FORM 990	, PART IV, LINE 64B, COLUMN B	2,360,000.

FORM 990		OTHER NO	TES AND	LOANS PAY	ARLE	STATEMENT	
LENDER'S	NAME	TERM	S OF REP.	AYMENT			
JS BANK	<del></del>	MONT	HLY				
OATE OF NOTE		ORIGINA LOAN AMOU		NTEREST RATE			
07/03/02	07/03/07	21,	059.	6.83%			
SECURITY	PROVIDED BY	BORROWER	PURPOS	E OF LOAN			
/EHICLE		<del></del>	VEHICL	E PURCHAS	E		
RELATION	SHIP OF LEND	ER					
)ESCRIPT	ION OF CONSI	DERATION			FMV OF CONSIDERATION	BALANCE DU	F
JED CICEL I	TON OF CONDI						٠
	DE RAM TRUCK	·			0.	9,2	
LENDER'S	NAME FINANCIAL MATURITY		L II	AYMENT  NTEREST RATE	0.	9,2	
LENDER'S CHRYSLER DATE OF	NAME FINANCIAL MATURITY	TERM; MONT)	HLY L II NT	NTEREST RATE	0.	9,2	
CHRYSLER DATE OF NOTE	NAME FINANCIAL MATURITY DATE	TERM: MONT! ORIGINAL LOAN AMOU!	HLY L II NT 494.	NTEREST RATE		9,2	
LENDER'S CHRYSLER DATE OF NOTE	NAME FINANCIAL MATURITY DATE  09/12/20	TERM: MONT! ORIGINAL LOAN AMOU!	HLY L II NT 494. PURPOSI	NTEREST RATE 1.00%		9,2	
ZENDER'S CHRYSLER DATE OF NOTE 09/12/20 SECURITY ZEHICLE	NAME FINANCIAL MATURITY DATE  09/12/20	TERMS MONTS ORIGINAL LOAN AMOUS 33,	HLY L II NT 494. PURPOSI	NTEREST RATE 1.00%		9,2	
ZENDER'S CHRYSLER DATE OF NOTE 09/12/20 SECURITY /EHICLE	NAME FINANCIAL MATURITY DATE 09/12/20 PROVIDED BY	TERMS MONTS ORIGINAL LOAN AMOUS 33,4 BORROWER	HLY L II NT 494. PURPOSI	NTEREST RATE 1.00%			99.
ZENDER'S CHRYSLER DATE OF NOTE 09/12/20 SECURITY ZEHICLE RELATIONS	NAME FINANCIAL MATURITY DATE  09/12/20 PROVIDED BY	TERMS MONTS ORIGINAL LOAN AMOUS 33,4 BORROWER	HLY L II NT 494. PURPOSI	NTEREST RATE 1.00%	E FMV OF		99.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 10 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS		COMPEN- SATION		EXPENSE
DAN CHIN 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	AUDIT REVIEW 0.00	CHAIR 0.	0.	0.
ARK JACKSON 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	BOARD MEMBER 0.00	0.	0.	0.
OON LANDIS 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	CHAIRPERSON 0.00	0.	0.	0.
DAN MANTHEI 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	BOARD MEMBER 0.00	0.	0.	0.
FIM DUDLEY 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	AUDIT REVIEW 0.00	COMMITTEE 0.	0.	0.
FREG PEACOCK 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	BOARD MEMBER 0.00	0.	0.	0.
OHN THALLON 1800 BULLITTSBURG CHURCH ROAD 1ETERSBURG, KY 41080	BOARD MEMBER 0.00	0.	0.	0.
AVID DENNER 2800 BULLITTSBURG CHURCH ROAD ETERSBURG, KY 41080	BOARD MEMBER 0.00	0.	0.	0.
OHN PENCE 1800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	GENERAL COUNS		2,595.	0.
CEN HAM 1800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	PRESIDENT/CEC 50.00		5,644.	31,751.
AMES HATTON 1800 BULLITTSBURG CHURCH ROAD 1ETERSBURG, KY 41080	CHIEF FINANCI 50.00	IAL OFFICER 42,500.	4,579.	0.

MIKE ZOVATH 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	VP- MUSEUM OPE	ERATIONS 42,500.	4,173.	1,803.
CARL KERBY 2800 BULLITSBURG CHURCH ROAD PETERSBURG, KY 41080	VP- MINISTRY F 50.00	RELATIONS 40,568.	4,707.	16,007.
DALE MASON 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	VP- MARKETING 50.00		3,783.	0.
(ATHY ELLIS 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	VP- ADMINISTRA 50.00		3,700.	0.
MARK LOOY 2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	VP- EVENTS OUT	PREACH 42,500.	4,658.	3,533.
COTALS INCLUDED ON FORM 990, PART	v	369,068.	33,839.	53,094.

FORM 990

EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B

STATEMENT 11

INDIVIDUAL'S NAME

TITLE OR ROLE

CIM DUDLEY

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

VEW LEAF PUBLISHING GROUP

PRESIDENT

EXPLANATION OF RELATIONSHIP

INSWERS IN GENESIS PURCHASED \$485,565 IN BOOKS AND LITERATURE FROM NEW LEAF.

ORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 12

INE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

)3A REGISTRATION REVENUE FROM SEMINARS, CONFERENCES, ETC. WHICH PROMOTE MINISTRY MISSION.

13B MEMBERSHIP TO THE MUSEUM.

REVENUE FROM SALE OF PRODUCTS WHICH PROMOTE MINISTRY MISSION. .02

MISCELLANEOUS INCOME GENERATED THROUGH ACTIVITIES WHICH PROMOTE THE

.03A MINISTRY MISSION.

SCHEDULE A

### EXPLANATION OF TRANSACTIONS PART III, LINE 2D

STATEMENT 13

DON LANDIS - BOARD CHAIRMAN - REIMBURSEMENT OF \$1,596.16 FOR BOARD MEETING EXPENSES AND TRAVEL.

DALE MASON - VP MARKETING & MEDIA - \$1,500 MOVING EXPENSE REIMBURSEMENT

OTHER COMPENSATION REPORTED IN PART V, FORM 990

MIKE ZOVATH - VP MUSEUM OPERATIONS - \$4,262.76 REIMBURSE BUSINESS TRAVEL EXPENSES

MIKE ZOVATH - VP MUSEUM OPERATIONS - \$1,107.70 REIMBURSE BUSINESS AIRLINE EXPENSES

MIKE ZOVATH - VP MUSEUM OPERATIONS - \$1,740.20 REIMBURSE BUSINESS AIRLINE EXPENSES

MIKE ZOVATH - VP MUSEUM OPERATIONS - \$1,860.36 REIMBURSE MUSEUM TRAVEL TO PHOENIX, AZ

CHEDULE A	OTHER INC	OME	1	STATEMENT	14
ESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
IISCELLANEOUS INCOME	12,683.	122,737.	135,089	. 240,0	73.
OTAL TO SCHEDULE A, LINE 22	12,683.	122,737.	135,089	. 240,0	73.

# Answers in Genesis of Kentucky, Inc. Schedule of Fixed Assets For the year ended June 30, 2005

Land	\$ 576,457
Buildings	11,429,504
Office, warehouse and seminar equipment	1,600,164
Museum exhibits and equipment	1,374,563
Furniture and fixtures	436,212
Vehicles and trailers	291,512
	15,708,412
Accumulated depreciation	 (1,396,464)
	\$ 14,311,948

## Form 8868

Department of the Treasury Internal Revenue Service

## App. ation for Extension of Time > File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If y Do n	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on ot complete Part II unless you have already been granted an automatic 3-month extension on a pro-	page 2 of this form). eviously filed Form 8868
Par	Automatic 3-Month Extension of Time—Only submit original (no copies need	160)
Form	1 990-T corporations requesting an automatic 6-month extension—check this box and comple	te Part I only ▶ 🔲
	ther corporations (including Form 990-C filers) must use Form 7004 to request an extension of t perships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1	
retur (not	tronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extens noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronic automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Pals on the electronic filing of this form, visit www.irs.gov/efile.	cally if you want the additional
Туре	Or Name of Exempt Organization	Employer identification number
print		33-0596423
- File by	the Number, street, and room or suite no. If a P.O. box, see instructions.	
due da filing y		
retum Instruc	See City town or post office state and ZIP code For a foreign address see instructions	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PETERSBURG, KY 41080	
Chec	k type of return to be filed (file a separate application for each return):	
	orm 990	☐ Form 4720
	orm 990-BL	☐ Form 5227
ĴΓ	orm 990-EZ	☐ Form 6069
∃F	orm 990-PF	☐ Form 8870
If the lift of the	ephone No. ► 859-727-2222 FAX No. ► 859-727-2299 The organization does <b>not</b> have an office or place of business in the United States, check this bins is for a <b>Group Return</b> , enter the organization's four digit Group Exemption Number (GEN) the <b>whole</b> group, check this box ► . If it is for part of the group, check this box ► . as and EINs of all members the extension will cover.	If this
	I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until	FFRRIIARY 15 20 06
	to file the exempt organization return for the organization named above. The extension is for the operation of the extension is for the operation of the extension of the operation of the operation of the extension of the operation of the opera	organization's return for:
2	If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☒	Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, nonrefundable credits. See instructions	
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax promade. Include any prior year overpayment allowed as a credit	•
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System instructions	em). See
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453	
	yment instructions.	
or P	rivacy Act and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev. 12-2004)

	t (1154. 12-2004)	Page 2
<ul><li>If you a</li></ul>	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and	d check this box
-	ly complete Part II if you have already been granted an automatic 3-month extension on a	
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II		e Original and One Copy.
Type or	Name of Exempt Organization	Employer identification number
print.	ANSWERS IN GENESIS OF KENTUCKY, INC.	33-0596423
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
filing the	2800 BULLITISBURG CHURCH ROAD	
return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  PETERSBURG, KY 41080	
Check ty	pe of return to be filed (File a separate application for each return):	
X For	m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust)	m 1041-A Form 5227 Form 8870
For	m 990-BL Form 990-PF Form 990-T (trust other than above) For	m 4720 Form 6069
STOP: Do	o not complete Part II if you were not already granted an automatic 3-month extension	n on a previously filed Form 8868.
	ooks are in the care of ► <u>JAMES HATTON</u>	
	one No. ► 859-727-2222 FAX No. ►	
	organization does not have an office or place of business in the United States, check this b	
• If this i	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_	
box 🕨 L	. If it is for part of the group, check this box	and EINs of all members the extension is for.
	quest an additional 3-month extension of time until	
		and ending <u>JUN 30, 2005</u> .
6 If th	is tax year is for less than 12 months, check reason: Linitial return Linitial return	al return X Change in accounting period
	te in detail why you need the extension	
AD	DITIONAL TIME IS NEEDED TO GATHER THE INFORMA	TION NECESSARY
TO	FILE A COMPLETE AND ACCURATE TAX RETURN.	
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less refundable credits. See instructions	
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tax	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and expayments made. Include any prior year overpayment allowed as a credit and any amount process.	stimated oaid
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